



GAVI/13/597/dlc

Mr. Andrei Usatii  
The Minister of Health and Social Protection  
Ministry of Health and Social Protection  
2, Alexandri Str.  
MD-2009 Chisinau  
Republic of Moldova

28 October 2013

Dear Minister,

***Annual Progress Report submitted by Moldova***

I am writing in relation to Moldova's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in May 2013.

Following a meeting of the GAVI Independent Review Committee (IRC) from 15 to 26 July 2013 to consider your APR, I am pleased to inform you that the GAVI Alliance has approved Moldova for GAVI support as specified in the Appendices to this letter.

The Appendices includes the following important information:

Appendix A: Description of approved GAVI support to Moldova

Appendix B: Financial and programmatic information per type of support

Appendix C: A summary of the IRC Report

Appendix D: The terms and conditions of GAVI Alliance support

The same appendices are also used in the Partnership Framework Agreement (PFA) – a new simplified arrangement that we are working to agree with your colleagues – that will replace this 'decision letter' format.

The following table summarises the outcome for each type of GAVI support for Moldova:

Type of support	Appendix	Approved for 2014
New vaccines Support (Pneumococcal vaccine)	B-1	US\$585,000
New vaccines Support (Pentavalent vaccine)	B-2	US\$161,000
New vaccines Support (Rotavirus vaccine)	B-3	US\$69,500



Please do not hesitate to contact my colleague Nilgun Aydogan ([naydogan@gavialliance.org](mailto:naydogan@gavialliance.org)) if you have any questions or concerns.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Hind Khatib-Othman".

Handwritten initials "f" in blue ink.

Hind Khatib-Othman  
Managing Director, Country Programmes

cc:           The Minister of Finance  
              The Director of Medical Services  
              Director Planning Unit, MoH  
              The EPI Manager  
              WHO Country Representative  
              UNICEF Country Representative  
              WHO HQ  
              WHO EURO  
              UNICEF Programme Division  
              UNICEF Supply Division  
              UNICEF Regional Office  
              The World Bank



## Appendix A

### Description of GAVI support to Moldova (the “Country”)

#### **New Vaccines Support (NVS)**

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Country’s Annual Progress Report (APR); and
- The APR as approved by the the Independent Review Committee (IRC), including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in the years indicated.

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies can not be paid for using GAVI funds.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

#### ***Country Co-financing***

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses as indicated in Appendix B. Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in the corresponding timeframe. The total co-financing amount indicates costs for the vaccines, related injection safety devices (only applicable to intermediate and graduating countries) and freight.

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.

The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.



Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO's Revolving Fund, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

**GAVI support will only be provided if the Country complies with the following requirements:**

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Country's use of financial support for the introduction of new vaccinations with the vaccine(s) specified in Appendix B is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and on co-financing of the vaccine.

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR). The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

**Moldova VACCINE SUPPORT**

**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Moldova				
<b>2. Grant Number:</b> 1315-MDA-12c-X				
<b>3. Decision Letter date:</b> 28/10/2013				
<b>4. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Pneumococcal				
<b>7. Requested product presentation and formulation of vaccine:</b> Pneumococcal (PCV13), 1 dose(s) per vial , LIQUID				
<b>8. Programme Duration<sup>1</sup>:</b> 2013-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2013	2014	2015	Total <sup>2</sup>
Programme Budget (US\$)	US\$363,000 <sup>3</sup>	US\$585,000	US\$466,000	US\$1,414,000
<b>10. Vaccine Introduction Grant:</b> Not applicable				

<sup>1</sup> This is the entire duration of the programme.

<sup>2</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

<sup>3</sup> This is the consolidated amount for all previous years.

<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>4</sup></b>		
Type of supplies to be purchased with GAVI funds in each year	2013	2014
Number of Pneumococcal vaccines doses		96,100
Number of AD syringes		101,400
Number of re-constitution syringes		
Number of safety boxes		1,125
Annual Amounts (US\$)	US\$363,000 <sup>5</sup>	US\$585,000
<b>12. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
<b>13. Self-procurement:</b> Not applicable.		
<b>14. Co-financing obligations: Reference code:</b> 1315-MDA-12c-X-C According to the Co-Financing Policy, the Country falls within the graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	57,600	77,400
Number of AD syringes	60,700	
Number of re-constitution syringes		
Number of safety boxes	675	
Value of vaccine doses (US\$)	US\$195,189	
Total Co-Financing Payments (US\$) (including freight)	US\$210,500	US\$279,500
<b>15. Operational support for campaigns:</b> Not applicable		

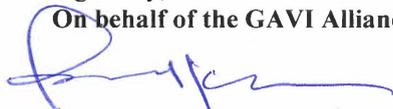
<sup>4</sup> This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

<sup>5</sup> This is the consolidated amount for all previously approved years.

<b>16. Additional documents to be delivered for future disbursements:</b>	
Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014
<b>17. Financial Clarifications:</b> The Country shall provide the following clarifications to GAVI*: <b>Not applicable</b>  <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>	
<b>18. Other conditions:</b> Not applicable.	

Signed by,

**On behalf of the GAVI Alliance**



Hind Khatib-Othman  
Managing Director, Country Programmes

28 October 2013

**Moldova VACCINE SUPPORT**

**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Moldova				
<b>2. Grant Number:</b> 1115-MDA-04a-X				
<b>3. Decision Letter date:</b> 28/10/2013				
<b>4. Date of the Partnership Framework Agreement:</b> Not applicable				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Pentavalent				
<b>7. Requested product presentation and formulation of vaccine:</b> DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
<b>8. Programme Duration<sup>6</sup>:</b> 2011-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2011-2013	2014	2015	Total <sup>7</sup>
Programme Budget (US\$)	US\$927,149 <sup>8</sup>	US\$161,000	US\$124,500	US\$1,212,649
<b>10. Vaccine Introduction Grant:</b> Not applicable				

<sup>6</sup> This is the entire duration of the programme.

<sup>7</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

<sup>8</sup> This is the consolidated amount for all previous years.

<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>9</sup></b>		
Type of supplies to be purchased with GAVI funds in each year	2011-2013	2014
Number of Pentavalent vaccines doses		56,400
Number of AD syringes		58,600
Number of re-constitution syringes		0
Number of safety boxes		675
Annual Amounts (US\$)	US\$927,149 <sup>10</sup>	US\$161,000
<b>12. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF		
<b>13. Self-procurement:</b> Not applicable.		
<b>14. Co-financing obligations: Reference code:</b> 1115-MDA-04a-X-C According to the Co-Financing Policy, the Country falls within the graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	61,800	97,700
Number of AD syringes	64,100	
Number of re-constitution syringes		
Number of safety boxes	725	
Value of vaccine doses (US\$)	US\$156,253	
Total Co-Financing Payments (US\$) (including freight)	US\$176,500	US\$276,000
<b>15. Operational support for campaigns:</b> Not applicable		

<sup>9</sup> This is the amount that GAVI has approved.

<sup>10</sup> This is the consolidated amount for all previously approved years.

<b>16. Additional documents to be delivered for future disbursements:</b>	
Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014
<b>17. Financial Clarifications:</b> The Country shall provide the following clarifications to GAVI*:  <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>	
<b>18. Other conditions:</b> Not applicable.	

Signed by,  
**On behalf of the GAVI Alliance**



 Hind Khatib-Othman  
Managing Director, Country Programmes

28 October 2013

**Moldova VACCINE SUPPORT**

**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Moldova				
<b>2. Grant Number:</b> 1215-MDA-13b-X				
<b>3. Decision Letter date:</b> x28/10/2013				
<b>4. Date of the Partnership Framework Agreement:</b> not applicable				
<b>5. Programme Title:</b> New Vaccine Support				
<b>6. Vaccine type:</b> Rotavirus				
<b>7. Requested product presentation and formulation of vaccine:</b> Rota, 2 dose(s)				
<b>8. Programme Duration<sup>11</sup>:</b> 2012-2015				
<b>9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):</b>				
	2012-2013	2014	2015	Total <sup>12</sup>
Programme Budget (US\$)	US\$326,709 <sup>13</sup>	US\$69,500	US\$52,000	US\$448,209
<b>10. Vaccine Introduction Grant:</b> Not applicable				

<sup>11</sup> This is the entire duration of the programme.

<sup>12</sup> This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

<sup>13</sup> This is the consolidated amount for all previous years.

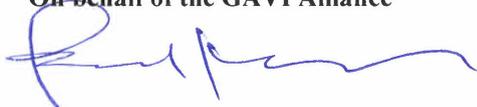
<b>11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):<sup>14</sup></b>		
Type of supplies to be purchased with GAVI funds in each year	2012-2013	2014
Number of Rotavirus vaccines doses		26,700
Number of AD syringes		0
Number of re-constitution syringes		0
Number of safety boxes		0
Annual Amounts (US\$)	US\$326,709 <sup>15</sup>	US\$69,500
<b>12. Procurement agency:</b> UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.		
<b>13. Self-procurement:</b> Not applicable.		
<b>14. Co-financing obligations: Reference code:</b> 1215-MDA-13b-X-C According to the Co-Financing Policy, the Country falls within the graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.		
Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	41,600	69,900
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	US\$97,171	
Total Co-Financing Payments (US\$) (including freight)	US\$102,500	US\$173,000
<b>15. Operational support for campaigns:</b> Not applicable		

<sup>14</sup> This is the amount that GAVI has approved.

<sup>15</sup> This is the consolidated amount for all previously approved years.

<b>16. Additional documents to be delivered for future disbursements:</b>	
Reports, documents and other deliverables	Due dates
Annual Progress Report 2013	15 May 2014
<b>17. Financial Clarifications:</b> The Country shall provide the following clarifications to GAVI*:  <i>*Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements</i>	
<b>18. Other conditions:</b> Not applicable	

Signed by,  
**On behalf of the GAVI Alliance**



*f* Hind Khatib-Othman  
Managing Director, Country Programmes

28 October 2013

**Type of report: Annual Progress Report**  
**Country: Moldova**  
**Reporting period: 2012**  
**Date reviewed: 18 July 2013**

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**1. Background Information**

Surviving Infants (2012): JRF: 44,162

DTP3 coverage (2012):

- JRF Official Country Estimate: 92
- WHO/UNICEF Estimate: 92

**Table 1. NVS and INS Support**

NVS and INS support	Approval Period
HepB Monoval	2002-2008
DTP-Hib	2008-2010
DTP-HepB-Hib	2011-2015
Rotavirus	2012-2015
PCV13	2013-2015
INS	2005-2007

**Cash Support**

Moldova has not received any cash support from GAVI Alliance.

**2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)**

ICC was established in 2010 and has been chaired by Deputy Minister of Health of Government of Moldova. The membership of ICC consists of senior representatives from Ministry of Health, Ministry of Finance, National Medical Insurance Center, and National Public Health Center, plus representatives from WHO and UNICEF country offices. There was no representative from CSOs, a concern raised in last year's IRC report, but has not yet addressed appropriately.

ICC met 3 times in 2012. The most recent meeting held on May 13, 2013 reviewed and approved the 2012 APR, reported and discussed the preparation about introduction of PCT13 and status of financing for procurement of vaccines and consumables for the national immunization program (NIP). Based on limited documents in English related to ICC, the committee seemed to be well functioning.

**3. Programme and Data Management**

Overall speaking, Moldova has achieved a high level of coverage rates (over 90%) for immunization services being provided in the country, and drop rates have been around 2-3%. The coverage rate of DTP3 has almost been above 90%. The country reported figures have been consistent between the JRF data and WHO/UNICEF estimates, except 2009 (JRF: 94%: WHO/UNICEF estimate: 85%).

Moldova's NIP has made impressive achievements in terms of maintaining a high level coverage rates for BCG (99%), OPV (92%) and Measles (93%) and other vaccines. Some problems were indicated with the reaching of targets regarding vaccine coverage. For DTP3

the rate was 90%, instead of 92%. Penta coverage was 85%, instead of 92% and Rotavirus was 21%, instead of 70%. These gaps were the Penta vaccine was due largely to the delay in the vaccine shipment and delay in introduction of rota vaccine due to global supply shortage of and late distribution to Trans-Dniestrian Region not controlled by the central government. Problems on wastage rates were reported (e.g. 24% instead of the target of 15%). This difference was the result of introduction Penta, instead of Tetra (DTP+Hib).

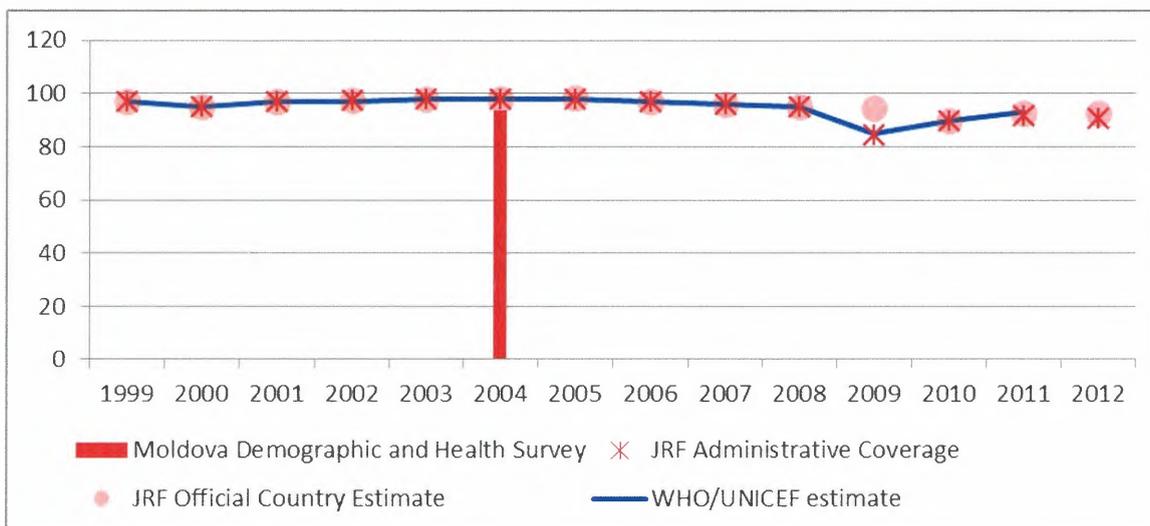


Figure 1 Trend in DTP3 coverage in Moldova, using data from Moldova DHS, JRF and WHO/UNICEF data

In addition, a number of training workshops, seminar and short courses were organized, targeting public health professionals (e.g. specialists, public health doctors and GP) for preparation of introduction to new vaccines, and improving communication skills in order to raise awareness for the public. IRC appreciated the efforts made by the Moldova public health agencies to engage with journalists to educate the public, using public/social media, as part of social mobilization. Main challenges that remain in Moldova in recent years are 1) anti-immunization propaganda in the internet, mass media and some religious organizations, and 2) low service coverage in Trans-Dniester Region not controlled by the central government.

The country has a functional system of tracking immunization coverage in subsequent age groups. Quality of data associated with NIP is generally very good. The results emanating from the routine health information were supported by the household health surveys (Multiple Indicator Cluster Survey -MICS and not MIKS, as indicated in the APR) conducted in 2012 by the national public health center. The preparatory work for introduction to PCV13 was well undertaken in 2012.

#### 4. Gender and Equity Analysis

The 2011 APR tried to present sex disaggregated data on service coverage, as Moldova conducted a number of the household health surveys which generated data for gender and equity analysis. However, the table provided in the APR missed the results related to the girls. The APR states:

“There are no gender barriers in access to immunization..... The results, as well as those of similar studies (MICS in 2000 and DHS in 2005) show no valid difference in vaccination coverage between boys and girls. “

## **5. Immunisation Services Support (ISS)**

N/A

## **6. New and under-utilised Vaccines Support (NVS)**

### **Penta vaccine**

Penta vaccine was introduced in June 2011. The APR reported that total doses of 138,100 were received in 2012. The shipment of the doses arrived in the country three months later, resulting in a fact that one third of medical institutions were out of stock for 1-2 months. In addition, the UNICEF did not keep the national counterpart informed of time delay properly. Such a problem happened almost every year in recent years, for not only Penta vaccine, but also other products. Lessons should be learnt from this by all stakeholders involved. In addition, the APR reports that the price of DPT-HepB-Hib vaccine, a 1-dose form, is much more expensive than the price of DPT (one dose), resulting in extra cost of the program.

Expected coverage rates and dropout rates are all within GAVI range. Timely procurement and shipment needs to be ensured in 2014. The proposed wastage level is acceptable.

### **Rotavirus vaccine**

Rotavirus vaccine was introduced in 2012. Post Introduction Evaluation has been carried in April 2013. The report has not yet been available. Based on the 2012 APR, the shipment of total doses of 87 000 Rota vaccine arrived in the country three months later (March vs. June), which affected the launch of the introduction. Timely procurement and shipment needs to be ensured in 2014. In addition, the stock level should be carefully monitored and the communication between UNICEF and the national counterpart should be strengthened.

### **PCV13 vaccine**

PCV 13 is yet to be introduced in August or September 2013 due to lack of global supply. It is one of top priority activities for the NIP in Moldova in 2013. It is expected to achieve 70% of coverage in 2013 and then reach 90% in 2014 and 92% in 2015. IRC thinks these are achievable targets.

The country did not request any change in vaccine presentation.

### **EVM**

The last EVM was carried out in April 2011. The last IRC observed that five of nine criteria scored above 80%, while four (temperature, maintenance, stock management, and MIS and supportive functions) did not. The last IRC made a number of recommendations on EVM system for Moldova. IRC commends the country for the series of actions taken to address problems identified: the national vaccine warehouse and the ventilation systems, as well as refrigerating equipment repaired; IT system put in place for the NIP information system; increased capacity of cold storage for vaccines, etc. Next EVM is planned to be undertaken in June 2014.

## **7. Vaccine Co-financing, Financial Sustainability and Financial Management**

Moldova is grouped as a graduating country. The government pays for all the traditional vaccines and is meeting the commitments agreed with GAVI. Apparently, the government has budgeted adequate budget for 2014 to support the NIP. IRC does not foresee any problems in terms of financial sustainability in Moldova. Co-financing assessment: Good performer: timely payment of the co-financing obligations.



## **8. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems**

The 2011 ARP reports that GAVI no longer support "Injection Safety Support". The last year's IRC report mentioned that there was an injection safety plan. The previous APRs also mentioned that the issue on waste disposal remain unsolved.

The country does not report any adverse events associated with immunization.

## **9. Health Systems Strengthening (HSS)**

N/A

## **10. Civil Society Organization Type A/Type B (CSO)**

N/A

## **11. Risks and mitigating factors**

One potential risk facing the NIP in Moldova is the anti-immunization propaganda by social media and some religious organizations. It seems that the Government of Moldova has been effective in fighting against the anti-immunization propaganda, using journalists and promoting social mobilization to support the NIP. Trans-Destrian Reion not controlled by the central government has difficulties achieving service coverage target, to which there is not easy solution.

## **12. Summary of 2012 APR Review**

IRC commends that Moldova continues to maintain a high level of performance of the NIP. The coverage rates for immunization services have been high, except the region not controlled by the government. The co-financing of the NIP has been effectively and fully implemented by the government. The delay in the shipment of Penta, Rotavirus and other products in 2012 affected the delivery of immunization services in one-third of medical institutions of the country. IRC appreciates the actions taken to tackle EVM related issues, based on last year's IRC report. One potential challenge faced in Moldova is the anti-immunization propaganda by the social media and some religious organizations. The 2012 APR has a few errors in the presentation of data, such as sex-disaggregated coverage of immunization services. In addition, the country needs to take actions: 1) include CSOs representatives in ICC; 2) present its plans to address AEFIs and to provide a detailed report on all events and actions taken; and 3) take proactive actions on waste elimination.

## **13. IRC Review Recommendations**

- **ISS – N/A**

- **NVS**

Penta vaccine:

Approve 2014 NVS support based on country request target.

Rotavirus vaccine

Approve 2014 NVS support based on country request target.

PCV13

Approve 2014 NVS support based on country request target.

- **HSS – N/A**



**14. Clarification Required with Approved Funding**

NA

**15. Request Re-submission of APR HSS Section (if applicable)**

N/A



## Appendix D

### **GAVI Alliance Terms and Conditions**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

#### ***FUNDING USED SOLELY FOR APPROVED PROGRAMMES***

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

#### ***AMENDMENT TO THIS PROPOSAL***

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

#### ***RETURN OF FUNDS***

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

#### ***SUSPENSION/ TERMINATION***

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

#### ***ANTICORRUPTION***

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

#### ***AUDITS AND RECORDS***

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.



***CONFIRMATION OF LEGAL VALIDITY***

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE  
TRANSPARANCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

***ARBITRATION***

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

***USE OF COMMERCIAL BANK ACCOUNTS***

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.